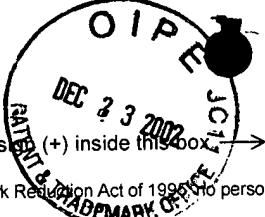


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# 1733

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/668,292
Filing Date	09/25/2000
First Named Inventor	MEYER, Andreas et al.
Group Art Unit	1733
Examiner Name	MAKI, Steven D.

Total Number of Pages in This Submission **40** Attorney Docket Number **32238W020**

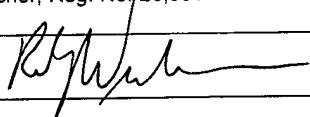
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DEC 5 0 2002  
1733

## ENCLOSURES (check all that apply)

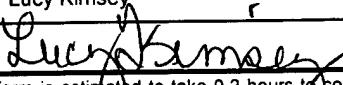
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<b>Return Receipt Postcard</b>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert G. Weilacher, Reg. No. 20,531
Signature	
Date	December 12, 2002

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **December 12, 2002**

Typed or printed name	Lucy Kimsey
Signature	
Date	December 12, 2002

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# FEE TRANSMITTAL

## for FY 2003

Patent fees are subject to annual revision.

DEC 23 2002

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 180)

Complete if Known	
Application Number	09/668,292
Filing Date	09/25/2000
First Named Inventor	MEYER, Andreas et al.
Examiner Name	MAKI, Steven D.
Group / Art Unit	1733
Attorney Docket No.	32238W020

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DEC 30 2002  
TC 1100

## METHOD OF PAYMENT (check all that apply)

Check    Credit card    Money    Other    None  
Order

 Deposit Account:Deposit Account Number Deposit Account Name 

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below    Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee  
 to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity
--------------	--------------

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	740	2001	370	Utility filing fee	<input type="text"/>
1002	330	2002	165	Design filing fee	<input type="text"/>
1003	510	2003	255	Plant filing fee	<input type="text"/>
1004	740	2004	370	Reissue filing fee	<input type="text"/>
1005	160	2005	80	Provisional filing fee	<input type="text"/>

SUBTOTAL (1)  (\$ 0)

## 2. EXTRA CLAIM FEES

Total Claims	<input type="text"/>	-20 **	= <input type="text"/>	X <input type="text"/>	= <input type="text"/>	Extra Claims	Fee from below	Fee Paid
Independent Claims	<input type="text"/>	-3 **	= <input type="text"/>	X <input type="text"/>	= <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Dependent				X <input type="text"/>	= <input type="text"/>			

Large Entity	Small Entity
--------------	--------------

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)  (\$ 0)

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

Large Entity	Small Entity
--------------	--------------

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	<input type="text"/>
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	<input type="text"/>
1053	130	1053	130	Non-English specification	<input type="text"/>
1812	2,520	1812	2,520	Filing for a request for reexamination	<input type="text"/>
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	<input type="text"/>
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	<input type="text"/>
1251	110	2251	55	Extension for reply within first month	<input type="text"/>
1252	400	2252	200	Extension for reply within second month	<input type="text"/>
1253	920	2253	460	Extension for reply within third month	<input type="text"/>
1254	1,440	2254	720	Extension for reply within fourth month	<input type="text"/>
1255	1,960	2255	980	Extension for reply within fifth month	<input type="text"/>
1401	320	2401	160	Notice of Appeal	<input type="text"/>
1402	320	2402	160	Filing a brief in support of an appeal	<input type="text"/>
1403	280	2403	140	Request for oral hearing	<input type="text"/>
1451	1,510	1451	1,510	Petition to institute a public use proceeding	<input type="text"/>
1452	110	2452	55	Petition to revive – unavoidable	<input type="text"/>
1453	1,280	2453	640	Petition to revive – unintentional	<input type="text"/>
1501	1,280	2501	640	Utility issue fee (or reissue)	<input type="text"/>
1502	460	2502	230	Design issue fee	<input type="text"/>
1503	620	2503	310	Plant issue fee	<input type="text"/>
1460	130	1460	130	Petitions to the Commissioner	<input type="text"/>
1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	<input type="text"/>
1806	180	1806	180	Submission of Information Disclosure Stmt	180
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	<input type="text"/>
1809	740	2809	370	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="text"/>
1810	740	2810	370	For each additional invention to be examined (37 CFR § 1.129(b))	<input type="text"/>
1801	740	2801	370	Request for Continued Examination (RCE)	<input type="text"/>
1802	900	1802	900	Request for expedited examination of a design application	<input type="text"/>

Other fee (specify) \_\_\_\_\_

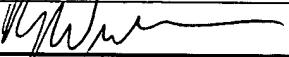
\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 180)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Robert G. Weilacher	Registration No. Attorney/Agent)	20,531	Telephone	(404) 815-3593
Signature			Date	December 12, 2002	

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